

O.M.B. No. 1660-0006 Expires July 31, 2006

CURRENT POLICY NUMBER

FL _____

IF THIS POLICY IS CANCELLED BY THE INSURED THROUGH HIS AUTHORIZED REPRESENTATIVE, IT SHALL REMAIN IN FORCE FOR THE BENEFIT OF THE MORTGAGEE (OR TRUSTEE) FOR 30 DAYS AFTER WRITTEN NOTICE TO THE MORTGAGEE (OR TRUSTEE) OF SUCH CANCELLATION AND THEN CEASE. SEE REVERSE SIDE FOR PRIVACY STATEMENT.

NFIP
COPY

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POLICY TERM IS FROM	<u> </u> / <u> </u> / <u> </u>	TO	<u> </u> / <u> </u> / <u> </u>	CANCELLATION EFFECTIVE DATE	<u> </u> / <u> </u> / <u> </u>
	MM DD YY		MM DD YY		MM DD YY
MAILING ADDRESS, PHONE NO., AND FAX NO. OF LICENSED PROPERTY OR CASUALTY INSURANCE AGENT/BROKER WHOSE POLICY IS BEING TERMINATED		NAME, ADDRESS, AND PHONE NO. OF INSURED FOR MAILING REFUND			
NAME, ADDRESS, PHONE NO., AND FAX NO. OF FIRST MORTGAGEE INCLUDING LOAN NUMBER		OTHER PARTIES NOTIFIED			
INSURED PROPERTY LOCATION					

THIS POLICY MAY ONLY BE CANCELLED UPON TERMINATION OF THE INSURED'S OWNERSHIP IN THE PROPERTY COVERED AT THE LOCATION DESCRIBED ON THE DECLARATION PAGE OF THE POLICY FOR REASON CODES (1) AND (2) BELOW. CANCELLATION REASON CODE: _____

- 1) BUILDING SOLD OR REMOVED/FORECLOSURE.
- 2) CONTENTS SOLD OR REMOVED TO ANOTHER LOCATION (FOR CONTENTS ONLY POLICY).
- 3) REWRITTEN UNDER POLICY # _____ EFFECTIVE _____ TO OBTAIN COMMON EXPIRATION DATES WITH OTHER INSURANCE COVERAGE.
- 4) DUPLICATE NFIP POLICIES ISSUED IN ERROR. THE OTHER POLICY NUMBER IS _____
- 5) NON-PAYMENT (ATTACH DOCUMENTATION FROM BANK).
- 6) RISK NOT ELIGIBLE FOR COVERAGE.
- 7) NO INSURABLE INTEREST. PROPERTY CLOSING DID NOT OCCUR.
- 8) POLICY IS NOT REQUIRED BY MORTGAGEE SINCE PROPERTY IS NOT IN AN AREA OF SPECIAL FLOOD HAZARD. OBTAINED FOR PROPERTY CLOSING. (STATEMENT FROM MORTGAGEE MUST BE ATTACHED).
- 9) INSURANCE IS NO LONGER REQUIRED BY THE MORTGAGEE. PROPERTY NO LONGER IN SFHA.
- 10) CONDOMINIUM POLICY (UNIT OR ASSOCIATION) CONVERTING TO RCBAP.
- 11) NO LONGER VALID
- 12) MORTGAGE PAID OFF.
- 13) VOIDANCE PRIOR TO EFFECTIVE DATE, WHEN COVERAGE IS NOT MANDATORY AND A POLICYHOLDER DECIDES DURING THE 30-DAY WAITING PERIOD NOT TO TAKE THE POLICY.
- 14) VOIDANCE DUE TO A CREDIT CARD ERROR.
- 15) INSURANCE NO LONGER REQUIRED BASED ON FEMA REVIEW OF LENDER'S SPECIAL FLOOD HAZARD AREA DETERMINATION.
- 16) DUPLICATE POLICIES FROM SOURCES OTHER THAN THE NFIP.
- 17) NO LONGER VALID
- 19) INSURANCE NO LONGER REQUIRED BY LENDER BECAUSE OF LOMA/LOMR.
- 20) POLICY WRITTEN TO WRONG FACILITY (REPETITIVE LOSS TARGET GROUP).
- 21) OTHER—CONTINUOUS LAKE FLOODING OR CLOSED BASIN LAKE.

MAKE REFUND PAYABLE TO:	INSURED <input type="checkbox"/>	PAYOR <input type="checkbox"/>	AGENT <input type="checkbox"/> (REASON 5 ABOVE ONLY)
MAIL REFUND TO:	INSURED <input type="checkbox"/>	PAYOR <input type="checkbox"/>	AGENT <input type="checkbox"/> (REASON 5 OR AT REQUEST OF INSURED)

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER 18 U.S. CODE, SECTION 1001. INSURANCE AGENT ALSO CERTIFIES THAT ITEMS ON THE REVERSE HAVE BEEN DISCUSSED WITH INSURED.

_____/_____/_____
SIGNATURE OF INSURED MM DD YY

_____/_____/_____
SIGNATURE OF AGENT/BROKER MM DD YY

(NOT REQUIRED FOR REASON 5 OR 6)

AGENT BROKER TAX ID SSN _____

PLEASE ATTACH ALL REQUIRED DOCUMENTS TO NFIP COPY OF CANCELLATION/NULLIFICATION FORM.

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CANCELLATION REASON CODE

**FLOOD INSURANCE
CANCELLATION/NULLIFICATION REQUEST FORM
FEMA FORM 81-17**

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 7.5 minutes per response. Burden means the time, effort, and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0006). **NOTE: Do not send your completed form to this address.**